FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90467 029 ***150.00

DOCUMENT # L81390

1. Entity Name
LOPEZ CASANOVA CORPORATION

DO NOT WRITE IN THIS SPACE

90052322

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10887 NW 7 ST # 11	10887 NW 7 ST # 11
Suite, Apt. #, etc. #11	Suite, Apt. #, etc. # 11
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33172 Country USA	Zip 33172 Country USA

4. FEI Number 65-0207218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MARIA LUISA CASANOVA

Street Address (P.O. Box Number is Not Acceptable) 10887 NW 7ST # 11

City MIAMI FL Zip Code 33172

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE [signature] MARIA LUISA CASANOVA 03/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOPEZ JOSE R. 10887 NW 7 ST # 11 MIAMI,FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARCOS LOPEZ 10887 NW 7 ST.# 11 MIAMI,FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOPEZ JOSE 10887 NW &ST #11 MIAMI,FL 33172
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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 03/15/03 305 227-2313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #